

MAR 6 2006

510(K) Summary

Submitted By: Lisa Peterson
Regulatory Affairs Manager
Abbott Spine, Inc.
5301 Riata Park Court, Bldg. F
Austin, TX 78727
512-918-2700

December 29, 2005

Trade Name: Universal Clamp System
Classification Name: Bone Fixation Cerclage – Class II per 888.3010
Product Code: JDQ

Predicate Device: Abbott Spine CFix Cable System, cleared for use via K974020.

Device Description: The Universal Clamp System is a temporary implant for use in orthopedic surgery. The system is intended to provide temporary stabilization as a bone anchor during the development of solid bony fusion and aid in the repair of bone fractures.

Indications: The indications for use include, but are not limited to, the following applications:

1. Spinal trauma surgery, used in sublaminar, interspinous, or facet wiring techniques;
2. Spinal reconstructive surgery, incorporated into constructs for the purpose of correction of spinal deformities such as scoliosis, kyphosis, spondylolisthesis, etc;
3. Spinal degenerative surgery, as an adjunct to spinal fusions;

The Universal Clamp System may also be used in conjunction with other medical implant grade implants made of titanium alloy whenever “wiring” may help secure the attachment of other implants.

Mechanical Testing: Mechanical test results demonstrate that the proposed Universal Clamp System is substantially equivalent to the predicate device.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

MAR 6 2006

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Spinal Concepts, Inc.
C/O Ms. Lisa Peterson
Regulatory Affairs Manager
5301 Riata Park Court, Bldg. F
Austin, Texas 78727

Re: K060009

Trade/Device Name: Universal Clamp System
Regulation Number: 21 CFR 888.3010
Regulation Name: Bone fixation cerclage
Regulatory Class: Class II
Product Code: JDQ
Dated: February 17, 2006
Received: February 18, 2006

Dear Ms. Peterson:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set

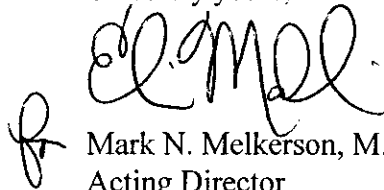
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forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,

A handwritten signature in black ink, appearing to read "M. Melkerson". To the left of the signature is a small, stylized handwritten mark that looks like a lowercase "r" or a checkmark.

Mark N. Melkerson, M.S.
Acting Director
Division of General, Restorative,
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

INDICATIONS FOR USE STATEMENT

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510(k) Number (if known):

K060009

Device Name: Abbott Spine Universal Clamp System

Indications for Use:

The Universal Clamp System is a temporary implant for use in orthopedic surgery. The system is intended to provide temporary stabilization as a bone anchor during the development of solid bony fusion and aid in the repair of bone fractures. The indications for use include, but are not limited to, the following applications:

1. Spinal trauma surgery, used in sublaminar, interspinous, or facet wiring techniques;
2. Spinal reconstructive surgery, incorporated into constructs for the purpose of correction of spinal deformities such as scoliosis, kyphosis, spondylolisthesis, etc;
3. Spinal degenerative surgery, as an adjunct to spinal fusions;

The Universal Clamp System may also be used in conjunction with other medical implant grade implants made of titanium alloy whenever "wiring" may help secure the attachment of other implants.

Prescription Use X
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use _____
(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)



(Division Sign-Off)

Division of General, Restorative,
and Neurological Devices

510(k) Number K060009